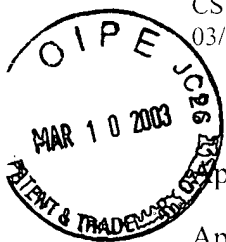


1645



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: James M. Hogle, Harmon J. Zuccola, David Filman and Carl Elkin
Application No.: 09/347,175 Group: 1645
Filed: July 1, 1999 Examiner: Robert A. Zeman
Confirmation No.: 3518
For: Oligomerization of Hepatitis Delta Antigen

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>03/04/03</u>	<u>Kelley A. Farr</u>
Date	Signature
<u>Kelley A. Farr</u>	
Typed or printed name of person signing certificate	

RECEIVED
MAR 11 2003
TECH CENTER 1600/2900

Assistant Commissioner for Patents
P.O. Box 2327
Arlington, VA 22202

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	17	MINUS	* 57	0
INDEP	4	MINUS	** 13	0
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

- * not fewer than 20
** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$9	\$
X \$42	\$
+ \$140	\$

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$84	\$
+ \$280	\$

OR

TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
		TOTAL:	\$ <u>0</u>


A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
		TOTAL:	\$ <u>0</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
Carolyn S. Elmore
Registration No.: 37,567
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: 3/4/03